APPLICATION FOR EMPLOYMENT

County of Grant, Indiana

an Equal Opportunity Employer

The County of Grant, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print respon	nses to <u>an</u> questions on t	the application form. Any a	ppiication not completea in
its entirety will be <u>disqual</u>	<u>ified</u> .		
Position sought:			
Last name	First name		
Middle initial For	mer name(s)		
Address	City/state/zip		
Phone	Are you at le	east 18 years of age? Yes:	No:
Applicants for Sheriff Dep	partment: Are you at le	east 21 years of age? Yes:	No:
Are you related to an emp	loyee currently employe	ed by the County? Yes:	No:
If yes, please state relation	nship	and current Departme	ent
Are you interested in:	Full-time work?	Yes No	
	Part-time work?	Yes No	
	Temporary work?	Yes No	
Date available to start wor	rk	<u> </u>	
********	******	*******	*******
EMI	PLOYMENT HISTOR	Y AND WORK EXPERI	ENCE
current employer. Failure If currently unemployed,	to include all past emplecheck here and sk	e during the previous five loyment may be grounds for tip to Previous employer b	elow.
Address		City/state/zip	

Phone ()	Hire date	Job ti	tle
Beginning salary	per	Current salary _	per
Supervisor		Title	
Work phone			
Briefly describe the promotions:	e work you do, such	as duties, responsibilit	ies, equipment you operate
Why do you want to	leave?		
May we contact your	r current employer? Y	es: No: 1	If no, please explain why:
Previous employer_			
Phone ()			
Address			
City/state/zip			
Dates employed	J	ob title	
Beginning salary	per	_ Ending salary	per
Supervisor		Title	
Work phone			
Briefly describe the promotions:	work you did, such	as duties, responsibilit	ies, equipment you operate
Reason for leaving:			
May we contact this	employer? Yes:	No: If no, plea	ase explain why:
Previous employer_			
Phone ()			
Address			
City/state/zip			
Dates employed	J	ob title	
Beginning salary	per	_ Ending salary	per

	Supervisor	_ Title			
	Work phone				
	Briefly describe the work you did, such	as duties,	responsibilities,	equipment you	operate,
	promotions:				
	Reason for leaving:				
	May we contact this employer? Yes:	_ No:	If no, please 6	explain why:	
!	Previous employer				
	Phone ()				
	Address				
	City/state/zip				
	Dates employed J	ob title			
	Beginning salary per	Ending s	alary	per	
	Supervisor	_Title			
	Work phone				
	Briefly describe the work you did, such	as duties,	responsibilities,	equipment you	operate,
	promotions:				
	Reason for leaving:				
	May we contact this employer? Yes:	_ No:	If no, please 6	explain why:	
Λ If yo	ou had additional employers within the last fi	ive years, a	ttach additional p	oages as needed.	
List ar	nd explain periods of unemployment in the pa	ast five yea	rs:		
From	to Reason:				
From	to Reason:				

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

Addre	cssCity/state/zip
Diplo	ma? Yes No GED? Yes No
Activi disabi	ities, awards (You may exclude any which indicate race, color, religion, gender, age, national origin, or ility)
Colle	ge(s) or Trade School(s) attended Attach additional pages as needed.
	Name
	Dates attended to
	Address City/state/zip
	Degree(s) Major/minor course(s) of study
!	Name
•	Dates attended to
	Address City/state/zip
	Degree(s)
	Major/minor course(s) of study
!	Activities, awards (You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.)
!	Seminars/workshops, special awards, articles you have published, other information that may be relevant

MILITARY HISTORY AND STATUS

If you have never serve	d in the military on a	ctive duty, che	eck here	and	skip to the next
section. Military Branc	<u>Dates of Service</u>	ce <u>Highe</u>	est Rank Attair	<u>ned</u>	Rank at Separation
Type of Discharge					
Citations/awards receiv	ed				
*******	**********	******	*******	*****	********
	PROFESSIONAL	OR SPECIA	LIZED TRA	INING	
Specialized training					
Professional/special lice	ense(s) or certificate(s	s):			
State <u>I</u>	ssued By	Date Issued	<u>Expiration</u>	<u>Type</u>	<u>License #</u>
Have you had any licen	se suspended, revoke	d or terminate	ed? Yes	_ No	If yes, explain:
*******	********	*******	*******	*****	*******
	PROFESS	IONAL AFF	ILIATIONS		
List current or previous	affiliations/organizat	tions and relat	ed offices/pos	itions.	
Organization Name	Addres	<u>S</u>	<u>Phone</u>	Offices	s/Positions

! Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work				
or other information that may be helpful in evaluating your application. (You may exclude any which				
indicate race, color, religion, gender, age, national origin or disability.)				

PERSONAL INFORMATION				
Do you have any commitments which might interfere with or adversely affect your employment with us				
such as a second job or school? Yes No If yes, please explain:				
! Have you ever been convicted of a felony that has not been expunged or sealed?				
Yes No If yes, please explain:				
! Do you have an arrest record that has not been expunged or sealed? Yes No				
If yes, please explain:				
! Are you currently required to register as a sex offender in this or any other jurisdiction?				
Yes No If yes, please explain (including jurisdiction of registry):				

! List three references who are <u>not</u> related to you	and are <u>not</u> former employers or supervisors:
N Name	Phone
Address	
City/state/zip	
Number of years known	
N Name	Phone
Address	
City/state/zip	
Number of years known	
N Name	Phone
Address	
City/state/zip	<u> </u>
Number of years known	
Read each of the following paragraphs carefully	c. Indicate your understanding of, and consent to, the ming your initials at the end of each paragraph. If you ontact the employer <u>before</u> initialing.
	Initials:
psychological examinations that the employer de essential functions of the position. I understar	hay be hired conditional on passing any medical and/or eems necessary to determine my ability to perform the and and accept that this may include drug, alcohol or
substance abuse testing.	Initials:
! I understand that it may be necessary for me t the employer to obtain information from my curre	o approve and sign any waivers necessary in order for ent and former employers. Initials:
intentionally excluded, my application may be understand and accept that, if I am employed by	required in this application is found to be falsified or e disqualified from further consideration. I further the employer, I may be subject to disciplinary action, d by this application has been falsified or intentionally
energed.	Initials:

! I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in the application. I understand that my misrepresentations or falsification of the information provided malead to withdrawal of an employment offer or termination following employment.		
	Initials:	
By submitting this document, I hereby agree that I shall employment medical examination and drug testing conse employment with the employer will be jeopardized if I e alcohol abuse.	ent requirements. I recognize that my future	
Applicant's signature	Date	
The following sections to be completed by Sheriff Depart	ment applicants only:	
! I understand that the employer provides sheriff service oper day service, and therefore, if employed by the She evening shifts or night shifts, including weekends.	· ·	
	Initials:	
! I understand that if I am hired as a sworn officer on the complete required training and courses specified and Academy.	± • • • • • • • • • • • • • • • • • • •	
reduciny.	Initials:	